

**U. S. FISH AND WILDLIFE SERVICE
REGION 6**

**WORK AT HOME TELEWORK SAFETY CHECKLIST
EMPLOYEE CERTIFICATION**

The following checklist is designed to assess the overall safety of the alternative worksite. Each telework employee should read and complete this self-certification safety checklist. Upon completion, the checklist should be signed and dated by the participating employee and returned to his/her immediate supervisor. Employee should retain copy for his or her own records.

Employee name		Title	
Name of Organization/Supervisor's Name			
Home Address	City and State		Zip code
Telephone (Home)	Telephone (Work)	Telephone (Cell)	
Title		PP, Series, Grade	
Describe worksite in home			
I believe the Safety Checklist below is accurate and my home is a reasonably safe place to work.			
Employee signature		Date	
Supervisor signature		Date	

LIST OF ITEMS/CONDITIONS TO INSPECT – Check Yes, No, or Not Applicable (N/A) as appropriate	YES	NO	N/A
1. Is the workspace free of asbestos-containing materials?			
2. If asbestos-containing material is present, is it undamaged and in good condition?			
3. To the extent it can be determined, is the work area free of indoor air quality problems?			
4. Is the space free of noise hazards?			
5. Are temperature, noise, ventilation, and lighting adequate for your normal level of job performance?			
6. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires fixed to the ceiling, etc.)?			
7. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?			
8. Do circuit breakers clearly indicate if they are in the open or closed position?			
9. Will the building's electrical system permit the grounding of electrical equipment (a 3-prong receptacle)?			
10. Is there a potable (drinkable) water supply?			
11. Are all stairs with four or more steps equipped with handrails?			
12. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?			
13. Are file cabinets and storage closets arranged so drawers and doors do not open into hallways?			
14. Are the phone lines, electrical cords, and surge protectors secured under a desk or alongside a baseboard?			
15. Is there a smoke detector in or near the work area?			
16. Is adequate ventilation present for the desired occupancy?			
17. Are lavatories available with hot and cold running water?			
18. Do chairs have any loose casters or wheels?			
19. Are the rungs and legs of chairs sturdy?			
20. Is the office space neat, clean, and free of excessive amounts of combustibles?			
21. Are the floor surfaces clean, dry, level, and free of worn or frayed seams?			
22. Are carpets well secured to the floor and free of frayed or worn seams?			
23. Do you have an emergency or contingency plan in place with emergency telephone numbers and means of escape?			
24. Is your chair adjustable?			
25. Do you know how to adjust your chair?			
26. Is your back adequately supported by a backrest?			
27. Are your feet on the floor or fully supported by a footrest?			
28. Are you satisfied with the placement of your computer monitor, mouse and keyboard?			
29. Is it easy to read the text on your screen?			
30. Do you need a document holder?			
31. Do you have enough leg room at your desk?			
32. Is the computer monitor screen free from noticeable glare?			
33. Is the top of the computer monitor screen at eye level?			

LIST OF ITEMS/CONDITIONS TO INSPECT – Check Yes, No, or Not Applicable (N/A) as appropriate	YES	NO	N/A
34. Is there space to rest the arms while not keying?			
35. When keying, are your forearms parallel with the floor?			
36. Are your wrists fairly straight when keying?			
NOTE: Employees are responsible for informing their supervisors of any significant change to work area or space!			
REMARKS:			